

REMARKS

By the present Amendment, claim 12 is amended and new claim 29 is added. Accordingly, claims 6-29 are pending in the application. Re-examination and reconsideration of the application, as amended, are requested.

Applicant expresses appreciation for the courtesy of the Examiner (Mr. DeSanto) for conducting a telephone interview with the undersigned attorney on January 12, 2006, regarding the present application. During the telephone interview, the claim amendments included herein were proposed and discussed, in comparison to the cited references of record. Distinctions between the cited references and the amended claims, as discussed below, were also discussed during the telephone interview.

Claims 6-9, 12-16, 18, 19 and 22-28 are rejected under 35 U.S.C. §102(e) as being anticipated by Causey, III et al. (USP 6,641,533). Claims 6-10 and 12-28 are rejected under 35 U.S.C. §103(a) as being unpatentable over Tune et al. (USP 5,630,710) in view of Goedeke (5,904,708) and Lyle et al. (5,956,023). Claim 11 is rejected under 35 U.S.C. §103(a) as being unpatentable over Tune et al. (USP 5,630,710) in view of Goedeke (5,904,708) and further in view of Lyle et al. (5,956,023) and further in view of Er (USP 6,185,461). Claims 6-28 are further rejected under 35 U.S.C. §103(a) as being unpatentable over Causey, III et al. (USP 6,641,533).

Each of these rejections is respectfully traversed. In particular, as discussed in the telephone interview with Examiner DeSanto on January 12, 2006, it is submitted that the claims, as amended herein, are patentably distinguished over the references of record.

In particular, independent claim 12, as amended herein, recites a medical system having a medical device MD and a communication device CD as recited in the claim, in which “the CD display is controlled to depict a plurality of patient programmable options on at least one first menu and wherein at least one of the patient programmable options may be enabled and disabled at different times from a second menu such that when disabled the at least one patient programmable option is no longer displayed on the at least one first menu as an option while at least one enabled option is displayed on the at least one first menu.”

As discussed during the telephone interview, it is submitted that none of the references of record teach or suggest a medical system having a medical device and a communication device (CD) having features as cited above. Instead, while Causey, III et al. refer to a medical system having a medical device and a communication device, Causey, III et al. neither describe nor suggest a CD display that is controlled to depict a plurality of patient programmable options on at least one first menu and wherein at least one of the patient programmable options may be enabled and disabled at different times from a second menu such that when disabled the at least one patient programmable option is no longer displayed on the at least one first menu as an option while at least one enabled option is displayed on the at least one first menu. It is noted that the Office Action includes no citation of any specific portion of the Causey, III et al. reference that discloses or suggests a CD display that is controlled such that at least one patient programmable option may be enabled and disabled at different times such that when disabled, the option is no longer displayed while at least one enabled option is displayed. Indeed, Causey, III et al. contains no such disclosure or suggestion.

With respect to the Tune et al. reference, the Examiner stated that Tune et al. enables and disables an alarm. However, claim 12 recites that the display depicts a plurality of patient programmable options, where at least one patient programmable option may be enabled or disabled. Tune describes displaying an alarm during an alarm condition, where the alarm may be enabled or disabled. Tune et al.'s display of an alarm occurs automatically upon the occurrence of an alarm condition and, thus, is not a "patient programmable option." In any event, Tune et al. fail to disclose or suggest a medical system in which a CD display that is controlled to depict a plurality of patient programmable options on at least one first menu and wherein at least one of the patient programmable options may be enabled and disabled at different times from a second menu such that when disabled the at least one patient programmable option is no longer displayed on the at least one first menu as an option while at least one enabled option is displayed on the at least one first menu.

Neither Goedeke (5,904,708), Lyle et al. (5,956,023) nor Er (USP 6,185,461), alone or in combinations suggested by the Examiner address the above-noted distinctions over the Causey III, et al. or Tune et al. references.

The Goedeke reference was cited by the Examiner as providing a teaching of RF telemetry with an implantable pump. However, Goedeke neither describes nor suggests a medical system having a CD display that is controlled as recited in amended claim 12. The Er reference was cited by the Examiner as providing a teaching of a system in which a display device displays battery data and a battery longevity graph. However, Er also neither describes nor suggests a medical system having a CD display that is controlled as recited in amended claim 12.

The Examiner cited the Lyle et al. reference and stated that Lyle et al. disclose a medical fluid-processing device with a user-friendly interface that enables and disables different patient options and changes what will be displayed on the screen. However, Lyle et al. neither describes nor suggests a medical system in which a CD display that is controlled to depict a plurality of patient programmable options on at least one first menu and wherein at least one of the patient programmable options may be enabled and disabled at different times from a second menu such that when disabled the at least one patient programmable option is no longer displayed on the at least one first menu as an option while at least one enabled option is displayed on the at least one first menu.

Lyle et al. describe the use of a split screen display, having a status region 68 and a working region 70 that display information simultaneously. The working region 70 provides means for the operator to select and activate any one of the system-resident applications A1-A3. The working region 70 displays all specific procedure-dependent information called for by the activated application. The status region 68 continuously shows procedure-dependent information of a more general nature. (Lyle et al., col. 8, ll. 22-29.)

Lyle et al.'s disclosure of displaying information upon selection of an application A1-A3 (and, not displaying such information when the application is not selected) does not meet the claimed system in which a display depicts options that may be enabled or disabled and, when disabled, the options are no longer displayed while other options are displayed. Lyle et al.'s applications A1-A3 may be activated or not activated (where activation will cause the display of additional information), but Lyle et al. does not appear to describe or suggest a capability of disabling an application and not displaying that application when disabled. Instead, each of

Lyle's application options A1-A3 remain displayed and selectable. Also, Lyle et al's display of additional information does not appear to be a display of a user programmable option that may be enabled or disabled (and not displayed when disabled, while, at the same time, enabled options are displayed). Instead, the additional information appears to be simply displayed or not displayed, depending upon whether or not the user selects the application option A1-A3 corresponding to that additional information.

Lyle et al. also refer to navigating through multiple-level menu structure (Lyle et al., col. 8, ll. 45-51). However, pulling up or closing a menu is not enabling or disabling an option on the menu. The opening of a menu (or the navigation through multiple menus in a multi-level menu structure) provides displays of different menu options at different levels, but does not allow a user to enable or disable menu options. Menus typically provide a user-friendly expedient for displaying options that may be selected from an open menu. However, the listing of options (or the closing of a list of options) does not enable or disable the option. In fact, in many menu situations, an option may be selected and continue running, even if the menu listing that option is subsequently closed.

Lyle et al. describes further details regarding the operation of the working region 70, wherein menus and submenus may be displayed for providing user selectable applications. Similar to the above-discussion of multi-layer menus, the opening of a menu or submenu does not disclose or suggest a system in which a user may enable or disable options. Rather the menu options in Lyle et al. would seem to always be enabled so that, if a user opens a menu listing that option, the user would be able to select and activate the option. Not selecting an option or closing a menu that lists an option does not disable the option. Thus, simply opening or closing of menus is not equivalent to enabling or disabling options listed on menus. One skilled in the art (consistent with the ordinary and common meaning of the terms enable and disable, in the context of programs or routines) would not consider the opening of a menu to enable options on the menu or the closing of a menu to disable options on the menu. Rather, the opening of a menu would be considered an expedient to viewing selectable options (where each menu option is enabled and capable of being run, whether the menu is open or not). In any event, Lyle et al. does not disclose or suggest employing one menu to enable or disable options that are displayed

on a second menu when enabled, but are not displayed on the second menu when disabled while at least one other enabled option is displayed on the second menu.

Accordingly, it is respectfully submitted that the claims, as amended herein are presently distinguishable over the cited references (to Causey, III et al., Tune et al., Goedeke Er and Lyle et al., alone or in the combinations suggested by the Examiner. The rejections of claims 6-28 are, therefore, respectfully traversed.

New claim 29 is added to further protect aspects of the invention. New claim 29 is believed to be allowable over the cited references of record, for reasons similar to those discussed above with respect to independent claim 6. In particular, new claim 29 recites a medical system having a medical device MD and a communication device CD similar to those recited in claim 6. However, in claim 29, the CD display is controlled to depict a plurality of patient programmable options on at least one first display screen and wherein at least one of the patient programmable options may be enabled and disabled at different times from a second display screen such that when disabled the at least one patient programmable option is no longer displayed on the at least one first display screen as an option while at least one enabled option is displayed on the at least one first display screen. Thus, while amended claim 6 refers to first and second menus, new claim 29 refers to first and second display screens. Thus, the distinctions of claim 6 over the cited references, as noted above, apply to claim 29 (but with first and second display screens, instead of first and second menus).

Applicant believes that the present application is now in condition for allowance. Favorable reconsideration of the application as amended is respectfully requested.

The Examiner is invited to contact the undersigned by telephone if it is felt that a telephone interview would advance the prosecution of the present application.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit

Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, Applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Respectfully submitted,

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